•								A	Application or Docket Number				
	PATENT A	RD		09754067									
		CLAIMS AS	S FILED - PART I (Column 1) (Colum			mn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ŀ	BASIC FEI	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			27 minus 20=		. 7			X\$ 9=		OR	X\$18=	126.00	
INDEPENDENT CLAIMS			_ <u>5</u> mi	nus 3 =	ئے۔	2		X40=		OR	X80=	160,00	
MULTIPLE DEPENDENT CLAIM P								+135=		OR	+270=		
* 11	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	946.00	
7/2/05 CLAIMS AS AMENDED - PAR (Column 1) (Column 1)					RT II ımn 2) (Column 3)			SMALL	ENTITY	OR	OTHER SMALL	1	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	·0//	Minus _	••	<u>77 </u>	= /		X\$ 9=		OR	X\$18=	50	
	Independent	.5	Minus	··(5	-	=		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	JETIPLE DEF	PENDEN	T CLAIM		' [+135=		OR	+270=		
							L	TOTAL			TOTAL	\$50	
		(Column 1)		(Colu	mn 2)	(Column 3)	A	DDIT. FEE		B	ADDIT. FEE		
AMENDMENT B	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total _	•	Minus	**		8	! [X\$ 9=		OR	X\$18=		
	Independent	NTATION OF M	Minus	TAIDEN	T CL AIM	=	Ιſ	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI						ľ	+135=	·	OR	+270=		
							L	TOTAL ODIT. FEE			TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	_	JUII. FEE			ADDII. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***	<u> </u>	=		X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+270=		
•••	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE												
	The "Highest Nurr	nber Previously Pai	id For" (Total o	r Independ	lent) is the	highest numbe	er toun	d in the ap	propriate box	c in col	lumn 1.		

FORM PTO-875 (Rev. 8/00)

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